# **Massachusetts**

# **Exploring Nontraditional Approaches to Educate Special Populations About Available Health Services**

#### **Public Health Problem**

Cambodians in Lowell, Massachusetts, are at a disproportionate risk for diabetes and cardiovascular disease (CVD), mainly heart disease and stroke. Among Cambodians in Lowell aged 45 or older, a disproportionate share of deaths are attributable to stroke (15.9%) and diabetes (13.4%) compared with total Massachusetts stroke (6.5%) and diabetes (2.5%) death rates. In 1999, heart disease was the leading cause of death for both Cambodian and all Massachusetts adults.

#### **Evidence That Prevention Works**

Research from several studies has demonstrated that improving nutrition, increasing physical activity, and improving access to proper preventive care can prevent or delay the progression of CVD and adverse diabetes-related outcomes such as lower-extremity amputations, kidney disease, and blindness.

### **Program Example**

A critical part of the REACH 2010 strategy is to improve the health of racial and ethnic minority populations. With support from CDC, the Cambodian Community Health 2010 project in Lowell, Massachusetts, targets CVD as its primary focus and diabetes as a secondary focus for Cambodian populations. During year one of the project, Community Conversations were held in seven locations throughout the Cambodian community to involve all community members in developing the action plan. The Community Action Plan combines strategies focusing on the Cambodian community and its leaders, the health care system and medical providers, and public health research. Strategies to reach community members included organizing a "walking meditation" trip through a Buddhist temple, conducting weekly Tai Chi classes, promoting medical interpreter services, and conducting a behavioral risk factor survey adapted for Cambodians. A Cambodian Elders' Council also was formed to give a voice to older Cambodian refugees who often are homebound and isolated because of language barriers. Learning tours were also conducted to familiarize Cambodians with emergency services and related facilities such as police stations, hospitals, and city hall. Fruit and vegetable picking trips gave participants an opportunity to focus on nutrition, and health education classes, including smoking cessation instruction, were conducted in English as a Second Language classes.

## **Implications**

This program demonstrates the importance of collaborating with community members and using culturally appropriate and innovative strategies to extend health education and services to special populations.